FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:20

DOCUMENT # 719094 (5)

1. Corporation Name
CONDOMINIUM ASSOCIATION OF PLAZA TOWERS SOUTH, I NC.

Principal Place of Business	Mailing Address
1849 S OCEAN DR HALLANDALE FL 33009	1849 S OCEAN DR HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1970
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-1355519 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLER, MANDEL
1849 S. OCEAN DR.
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: SOL SPARER PRES.
82 Street Address (P.O. Box Number is Not Acceptable): 1849 SOUTH OCEAN DR.
83
84 City: HALLANDALE FL 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Sol Sparer PRES. 2/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Vice Pres. ☒ Change ☐ Addition
NAME	SIEGEL, CHARLES	1.2 NAME	Jack Frost
STREET ADDRESS	1849 S OCEAN DRIVE	1.3 STREET ADDRESS	1849 South Ocean Drive
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	Hallandale Fl. 33009
TITLE	D	2.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	SHERIDAN, SHERRY	2.2 NAME	Alexander Flynn
STREET ADDRESS	1849 S OCEAN DRIVE	2.3 STREET ADDRESS	1849 South Ocean Drive
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	Hallandale Fl. 33009
TITLE	D	3.1 TITLE	Director ☒ Change ☐ Addition
NAME	KLEIN, MORRIS	3.2 NAME	Sherry Sheridan
STREET ADDRESS	1849 S OCEAN DRIVE	3.3 STREET ADDRESS	1849 South Ocean Drive
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	Hallandale Fl. 33009
TITLE	TD	4.1 TITLE	Director ☒ Change ☐ Addition
NAME	MILLER, MANDEL	4.2 NAME	Dan Gaines
STREET ADDRESS	1849 S OCEAN DRIVE	4.3 STREET ADDRESS	1849 South Ocean Drive
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	Hallandale Fl. 33009
TITLE	V1	5.1 TITLE	Director ☒ Change ☐ Addition
NAME	ADAMSON, KENNETH	5.2 NAME	Hans Wolff
STREET ADDRESS	1849 S OCEAN DRIVE	5.3 STREET ADDRESS	1849 South Ocean Drive
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	Hallandale Fl. 33009
TITLE	V2	6.1 TITLE	Director ☒ Change ☐ Addition
NAME	GAINES, DAN	6.2 NAME	Hy Shulman
STREET ADDRESS	1849 S. OCEAN DR.	6.3 STREET ADDRESS	1849 South Ocean Drive
CITY-ST-ZIP	HALLANDALE FL	6.4 CITY-ST-ZIP	Hallandale Fl. 33009

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] TREASURER 2-2-95 - 456-2361
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #
ALEX FLYNN

0037287